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FORM**

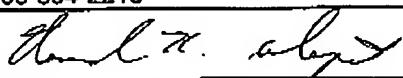
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Total Number Of Pages In This Submission	<u>2</u>	Attorney Docket No.	A202 1050
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ENCLOSURES (check all that apply)

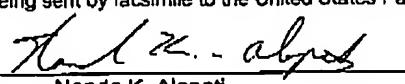
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
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| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Remarks | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Or Individual Name	Customer No. 26158 Womble Carlyle Sandridge & Rice, LLC P.O. Box 7037 Atlanta, Georgia 30357-0037 703-394-2216
Signature	 Nanda K. Alapati
Date	November 21, 2005
39,893	

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this correspondence is being sent by facsimile to the United States Patent and Trademark Office, at fax number 703-571-273-8300 on November 21, 2005.

2 pages
Nanda K. Alapati

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

ATLANTA 474895v1

NOV 21 2005

PTO/SB/22 (12-04)
WCSR Form (12/2004)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Docket No.: A202 1050																		
Serial Number	10/068,686	Filed February 6, 2002																		
In re Application of	LIBBY et al.																			
For:	MULTI-TASK WINDOW																			
Group Art Unit:	2673	Examiner: Nguyen, Jimmy H.																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th style="text-align: right;">Fee</th> <th style="text-align: right;">Small Entity</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$ 120</td> <td style="text-align: right;">\$ 60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ 450</td> <td style="text-align: right;">\$ 225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1020</td> <td style="text-align: right;">\$ 510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1590</td> <td style="text-align: right;">\$ 795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2160</td> <td style="text-align: right;">\$ 1080</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>09-0528</u></p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>39,893</u></p> <p><u>Nanda K. Alapati</u> November 21, 2005 Nanda K. Alapati Date Telephone Number: 703-394-2216</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below</p> <p><input type="checkbox"/> _____ forms are submitted.</p>				Fee	Small Entity	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$ 510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$ 795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$ 1080
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